



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**OFFICE OF CONTROLLED SUBSTANCES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – OPTOMETRISTS  
INSTRUCTION SHEET**

**General Information**

- **You must hold a Delaware Optometrist license before your application for controlled substance registration (CSR) will be processed. If you do not already hold an Optometrist license, you may apply concurrently for your Therapeutic Optometrist license and CSR, or you may apply for the CSR later.**
- If you apply for your Therapeutic Optometrist license and CSR at the same time, you should receive your CSR 3-4 weeks *after* your professional license. Please allow the 3-4 weeks to elapse before calling the office.
- Your Delaware CSR certificate and all CSR-related correspondence must be mailed to the same address as your Optometrist license.
- Your Delaware CSR covers all Delaware locations where you may **prescribe** controlled substances.
- When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. **You must have both a Delaware CSR and DEA registration for Delaware before you prescribe controlled substances in Delaware.**
- Your prescriptive authority for controlled substances is limited to:
  - Schedule II controlled substances containing hydrocodone, *up to a maximum 72-hour supply*
  - Schedules III, IV, and V controlled substances *up to a maximum 72-hour supply*.

You are not permitted to store or dispense controlled substances. For full information on the prescriptive authority of optometrists, see [24 Del. C. §2101 \(3\)](#)

- You are required to register for the [Delaware Prescription Monitoring Program](#) (PMP).

**Requirements for All Applicants**

- ☐ Submit completed, signed and notarized [Application for Controlled Substances Registration – Optometrists](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to “State of Delaware.”
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Complete the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing controlled substances.
  - Portions of the training do not apply to Optometrists (e.g., storing/dispensing controlled substances).



For Office Use Only:  
DE License # \_\_\_\_\_  
Office Approval \_\_\_\_\_

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APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – OPTOMETRISTS

TYPE OF APPLICATION

1. Show whether you are applying for a new Controlled Substance registration (CSR) or reapplying (check one):  
☐ I am applying for a new (*initial*) registration. ☐ I am reapplying for registration.
2. Do you hold a Delaware Optometrist license? Yes ☐ No ☐ If yes, complete the following:  
☐ Therapeutic Optometrist – License Number I3 - \_\_\_\_\_  
☐ Diagnostic Optometrist – License Number I2 - \_\_\_\_\_
- If you do not already hold a Delaware Optometrist license, allow 3-4 weeks after your professional license is issued to receive your CSR.
3. Do you already have a Federal DEA number? Yes ☐ No ☐ If yes, enter DEA number: \_\_\_\_\_  
When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware.
4. Check the schedule(s) you are applying for: ☐ II ☐ III ☐ IV ☐ V

IDENTIFYING INFORMATION

5. Name: \_\_\_\_\_
6. Other Names Used: \_\_\_\_\_
7. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

LOCATION OF REGISTRATION

9. Do you intend to **prescribe** controlled substances? Yes ☐ No ☐
10. Your CSR covers all Delaware locations where you may **prescribe** controlled substances. If your practice has more than one location, your practice's main location is the address associated with the registration. Enter the **location** in Delaware to be associated with your registration:

**Location** Address: \_\_\_\_\_  
Street (**No PO Box!**)

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DISCLOSURES

11. Have you ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes ☐ No ☐ If yes, attach a letter explaining the circumstances of such action.

12. Have you had any previous registration under the controlled substances act, state or federal, surrendered, revoked, suspended, denied or pending such action? Yes ☐ No ☐ **If yes, attach a letter explaining the circumstances of such action.**

#### MANDATORY TRAINING

13. Have you completed the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing and distribution of controlled substances? Yes ☐ No ☐

**To ensure consideration of your registration application, the Office of Controlled Substances must receive all of these items:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 3-4 weeks to receive your registration.**

#### AFFIDAVIT

**I hereby certify that the facts stated in this application, including the statements on the attached schedule, are true, complete and correct and that application is made to obtain a biennial registration pursuant to the Uniform Controlled Substances Act. I agree to abide to the laws of Delaware and the federal government.**

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature of Notary: \_\_\_\_\_

SEAL

My Commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED NON-REFUNDABLE FEE WILL BE REJECTED.**